

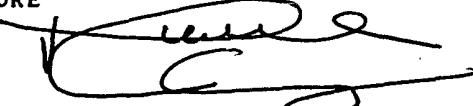
**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re: KORCHAGIN, Pavel et al.	DATE 09/16/2003
	FILE No. 2003-10.VBT

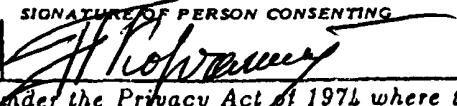
I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME <b>KORCHAGIN PAVEL</b>	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	<input type="checkbox"/> Beneficiary	
#81, House 30, Bldg 1 Beskudnikovsky Blvd. Moscow Russia		127474
NAME	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	<input checked="" type="checkbox"/> Beneficiary	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia New York _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.	
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:	
<input type="checkbox"/> 3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)	
<input checked="" type="checkbox"/> 4. Others (Explain fully.)    	
SIGNATURE 	COMPLETE ADDRESS <b>V.B. TANTAL</b> 299 Broadway, Suite 1819 New York, NY 10007
NAME (Type or Print) <b>Muriel Ciprian, Esq.</b>	TELEPHONE NUMBER <b>(212) 374-9444; (212) 947-9334</b>

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>MURIEL CIPRIAN, Esq.</u> (Name of Attorney or Representative)
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING <b>PAVEL KORCHAGIN</b>	SIGNATURE OF PERSON CONSENTING 	DATE <b>09/16/2003</b>
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		